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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2009</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <b>JHUC-P01-021</b>
Application Number	10/587,512	Filed November 8, 2007
For DRUGS AND GENE CARRIER PARTICLES THAT RAPIDLY MOVE THROUGH MUCOUS BARRIERS		
Art Unit	1632	Examiner M. K. Sgalias
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$130 <u>Small Entity Fee</u> \$65      \$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490      \$245      \$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110      \$555      \$ _____
<input checked="" type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730      \$865      \$ 865.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350      \$1175      \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>18-1945</u> .		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>61,315</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>/Joanne M. Holland/</u> Signature		December 15, 2009 Date
Joanne M. Holland, Ph.D. Typed or printed name		(617) 951-7126 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/>	Total of <u>1</u> forms are submitted.	